

# PROOF OF CLAIM

## TRUST INSURANCE COMPANY

**DEADLINE FOR FILING A PROOF OF CLAIM IS AUGUST 6, 2002. FAILURE TO FILE A PROOF OF CLAIM WILL RESULT IN YOUR CLAIM AGAINST THE ESTATE OF TRUST INSURANCE COMPANY BEING BARRED.**

### **PLEASE READ THE NOTICE AND INSTRUCTIONS BEFORE COMPLETING THIS FORM**

#### ***PLEASE PRINT OR TYPE***

This Proof of Claim is provided to you as a creditor in the event you have a claim against Trust Insurance Company. **Complete this form only if you wish to file a claim.**

1. Claim for money due to loss, accident or refund pursuant to a policy:

POLICYHOLDER NAME: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Loss Date: \_\_\_\_\_

Explanation of claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Claim for any other reason (you must explain below):

Explanation of claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**UNDER PENALTIES OF LAW, I STATE THE FACTS SET FORTH IN THIS PROOF OF CLAIM ARE TRUE TO THE BEST OF MY KNOWLEDGE:**

Your Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MAIL THIS FORM TO EITHER:** TRUST ANCILLARY RECEIVER, PMB 303, 1800 Mineral Spring Avenue, North Providence, Rhode Island 02904, **OR** TRUST INSURANCE COMPANY IN LIQUIDATION, 11 North Avenue, P.O. Box 3456, Burlington, MA 01803-0856, Attention: Proof of Claim Unit